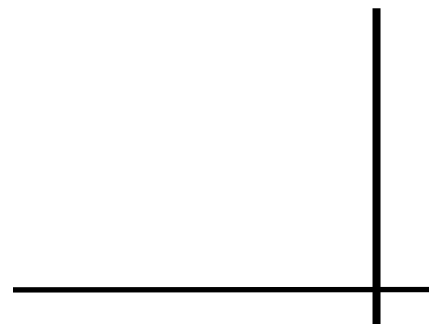


Databook: Health Insurance Coverage In Connecticut

*Results of the Office of Health Care Access
2006 Household Survey*



January 2007



DATABOOK:

Connecticut's Health Insurance Coverage

Results of the Office of Health Care Access 2006 Household Survey

According to the Office of Health Care Access (OHCA) 2006 Household Survey, an estimated 6.4 percent of the state's population, or 222,600 Connecticut residents, are uninsured. The state's uninsured rate has remained fairly stable; OHCA's 2004 household survey found 5.8 percent of the state's residents were uninsured.

Over the last two years, the share of Connecticut residents with employment-based coverage increased from 64 percent to nearly 67 percent. During that time, those with public coverage fell from 26 percent to 23 percent.

Connecticut's uninsured are largely lower income working adults (61 percent). The majority of these working adults hold permanent full-time positions. However, nearly two-thirds of these working uninsured are employed by firms that do not offer health benefits.

The uninsured access the health care system differently than those with coverage. They are less likely to have a regular source of health care services, make fewer physician visits, and are more likely to forego medical care or a prescription when they have an illness or injury. Delaying or not seeking care, particularly for chronic conditions such as asthma or diabetes, may result in more serious illness or even acute episodes requiring hospitalization. In a recent study, OHCA found that uninsured hospitalizations increased by 10 percent over the last five years. Health related absences can affect an uninsured person's employment and medical expenses can also threaten family finances. While all families regardless of coverage status face these risks, the uninsured are particularly vulnerable.

OHCA's Household Survey was fielded in the summer of 2006 by the University of Connecticut's Department of Public Policy (DPP) and Center for Survey Research and Analysis (CSRA). It consisted of more than 4,200 telephone interviews of individuals regarding their health insurance coverage, medical costs, and utilization of health care services. Data from the survey were weighted by age, gender and level of education to accurately reflect the current demographic composition of Connecticut's population. Data were also weighted by each participant's probability of selection for a phone interview. All analysis was drawn from this weighted dataset.

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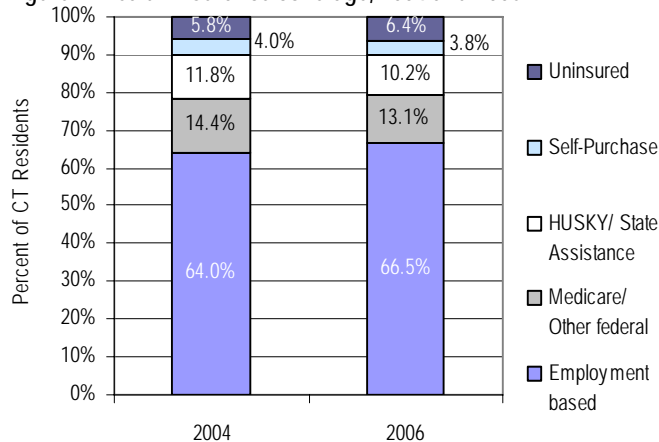
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Sources of health insurance coverage

While most Connecticut residents continue to have health insurance coverage, the uninsured increased slightly from 2004 to 2006

Figure 1: Health insurance coverage, 2004 and 2006



Source: CT Office of Health Care Access 2004 and 2006 Household Surveys

In 2006, most Connecticut residents were insured (93.6 percent). From 2004 to 2006 the uninsured rate grew from 5.8 percent to 6.4 percent. This increase is not statistically significant.

Employment-based coverage increased to 66.5 percent from 64 percent over the last two years. During that time, the state's economy added 30,000 jobs.¹

Conversely, the share of state residents with public coverage declined from 26.2 percent to 23.3 percent.

Stability of health insurance status

Table 1: Coverage status at the time of the survey and over the preceding year: rates and population estimates

| Insurance Status | Share of People (%) | 95% Confidence Interval ¹ | | Estimated People ² | 95% Confidence Interval ¹ | |
|---|---------------------|--------------------------------------|-------|-------------------------------|--------------------------------------|--------------------|
| | | Lower | Upper | | Lower ² | Upper ² |
| 1) Insured for the entire preceding year | 89.9% | 88.9% | 90.7% | 3,114,200 | 3,082,600 | 3,145,800 |
| 2) Currently insured, but had been without coverage in the preceding year | 3.6% | 3.0% | 4.1% | 124,100 | 104,600 | 143,600 |
| 3) Insured now, prior status unknown | 0.1% | 0.0% | 0.2% | 5,100 | 1,100 | 9,100 |
| 4) Currently uninsured, but had coverage during the preceding year | 0.8% | 0.5% | 1.0% | 26,300 | 17,200 | 35,400 |
| 5) Uninsured for the entire year | 4.0% | 3.4% | 4.6% | 138,700 | 118,200 | 159,300 |
| 6) Uninsured now, prior status unknown | 1.7% | 1.3% | 2.0% | 57,600 | 44,200 | 71,000 |
| 7) Total intermittently insured | 4.3% | 3.7% | 5.0% | 150,400 | 129,100 | 171,700 |
| 8) Uninsured at time of survey | 6.4% | 5.7% | 7.2% | 222,600 | 196,900 | 248,300 |
| 9) Uninsured at any point during the preceding year | 10.0% | 9.1% | 10.9% | 346,700 | 315,300 | 378,100 |

Sources: CT Office of Health Care Access 2006 Household Survey and population figures from U.S. Census Bureau March 2005 Current Population Survey

¹ The 95 percent confidence interval provides a range of estimates, suggesting that if this survey were repeated 100 times, the share of people uninsured at the time of the survey would range from 5.7 percent to 7.2 percent in 95 of 100 surveys, as the Household Survey has a margin of error of ± 0.7 percent.

² Rounded to nearest hundred.

At the time of the Household Survey, an estimated 6.4 percent or 222,600 residents were uninsured (Row 8). This is often referred to as a “point-in-time” estimate because it reflects the uninsured rate at one particular moment. However, coverage is not always stable and therefore it is important to examine insurance status over time.

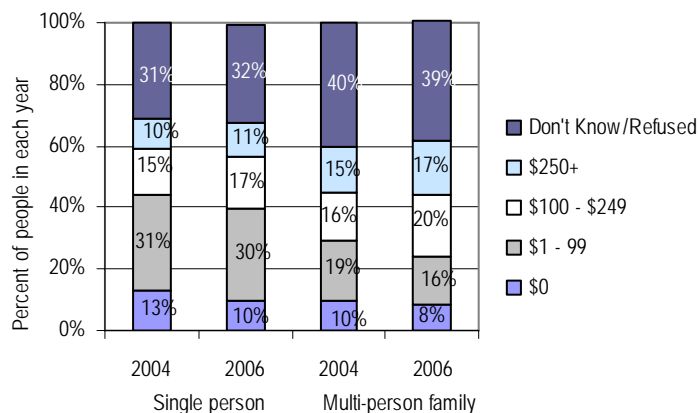
During the last year, an estimated 10 percent or 346,700 residents experienced at least one period when they were uninsured (Row 9), a slight increase from 9.4 percent in 2004. This includes those who were uninsured for the entire year (Row 5), those uninsured now but whose coverage status in the previous year was unknown (Row 6), those who lost coverage in the last year (Row 4), and those who were uninsured but obtained their current coverage in the last year (Row 2). The latter two groups (Rows 2 and 4) can be considered “intermittently insured” because over the preceding year they experienced periods of both coverage and of uninsurance. For the 150,000 intermittently insured, health coverage is not stable over time. Intermittent coverage can be the result of changes in employment and finances, employer health benefit guidelines, public coverage policies, family structure or personal preference regarding coverage.

While ten percent of all residents experienced a period of uninsurance, ninety percent experienced stable health coverage over the entire preceding year, which is unchanged from 2004 (Row 1).

What do people pay for health insurance?

Many do not know the amount of their monthly health insurance premium

Figure 2: Private monthly coverage premiums, 2004 and 2006



Source: CT Office of Health Care Access 2004 and 2006 Household Surveys

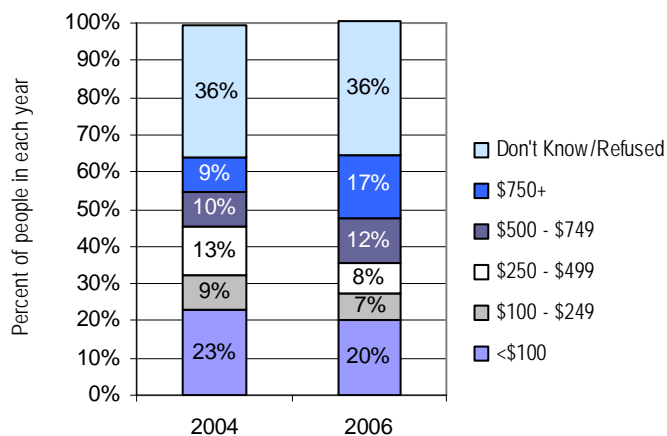
From 2004 to 2006, there were no significant shifts in premiums for either single or multi-person families.

Average reported monthly premiums are \$132 for single person families and \$191 for multi-person families.

These self-reported figures should be regarded with caution as people may not accurately recall their monthly premiums. In fact, nearly 40 percent of all residents with private coverage reported they do not know their monthly premium.

Many do not know the amount of their deductible

Figure 3: Health coverage deductible, 2004 and 2006



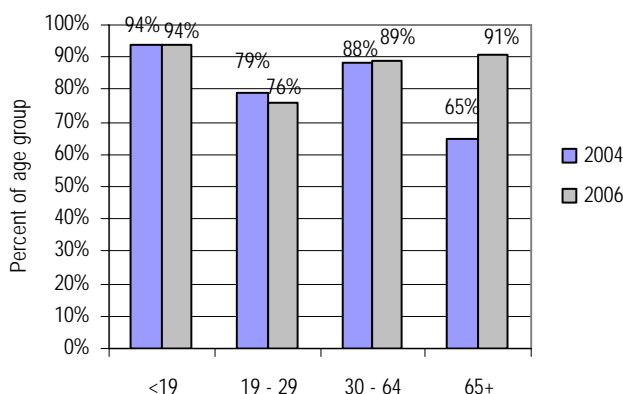
Source: CT Office of Health Care Access 2004 and 2006 Household Surveys

The majority of those with private coverage have a deductible (59 percent in 2006 versus. 62 percent in 2004). The median deductible is \$250. From 2004 to 2006, the share of people reporting a deductible of \$750+ nearly doubled. Thirty six percent of those with a deductible do not know its amount, which is unchanged since 2004. The large portion of residents who do not know their monthly premium or deductible suggests that many people do not have a clear idea of their health coverage costs.

Prescription drug coverage

Since 2004, the share of senior citizens with prescription coverage has dramatically increased

Figure 4: Share of age group with prescription coverage, 2004 and 2006



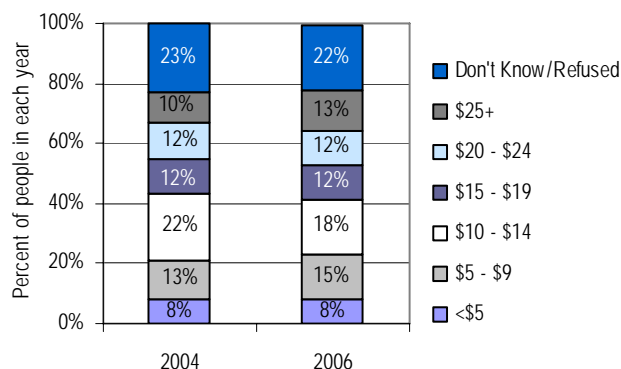
Source: CT Office of Health Care Access 2004 and 2006 Household Surveys

It is likely that the striking growth in the share of senior citizens with prescription coverage is related to the 2006 implementation of Medicare Part D, prescription coverage for Medicare beneficiaries.

Overall, nearly all Connecticut residents have prescription coverage (90 percent). Young adults continue to be the least likely to have prescription coverage (76 percent).

Prescription drug co-payments for those with private coverage remains largely unchanged

Figure 5: Prescription drug copayments for privately insured, 2004 and 2006



Source: CT Office of Health Care Access 2004 and 2006 Household Surveys

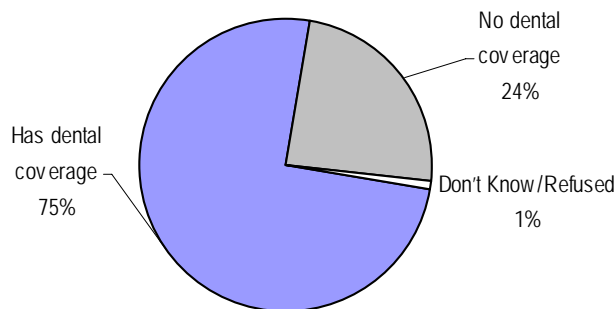
Nearly all privately insured individuals have a prescription drug co-payment (95 percent). In 2006, the average co-payment was \$16, unchanged since 2004. In both 2004 and 2006, the most common co-payment was \$10.

As with premiums and deductibles, a sizeable portion of those with private coverage do not know the amount of their prescription co-payment (22 percent).

Dental insurance

Three-quarters of Connecticut residents under age 65 have dental coverage

Figure 6: Dental coverage (age < 65), 2006

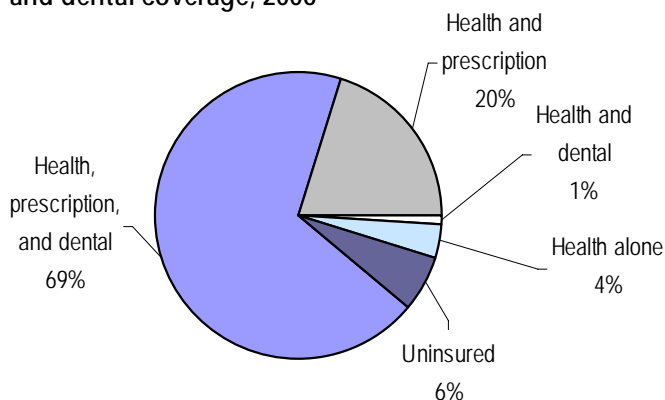


Source: CT Office of Health Care Access 2006 Household Survey

Most residents under age 65 have dental coverage (75 percent). Children are the most likely to be covered (80 percent) while young adults ages 19 to 29 are the least likely (63 percent) among those less than 65 years old.

Sixty-nine percent have health, prescription and dental coverage

Figure 7: Share of CT residents with health, prescription and dental coverage, 2006



Source: CT Office of Health Care Access 2006 Household Survey

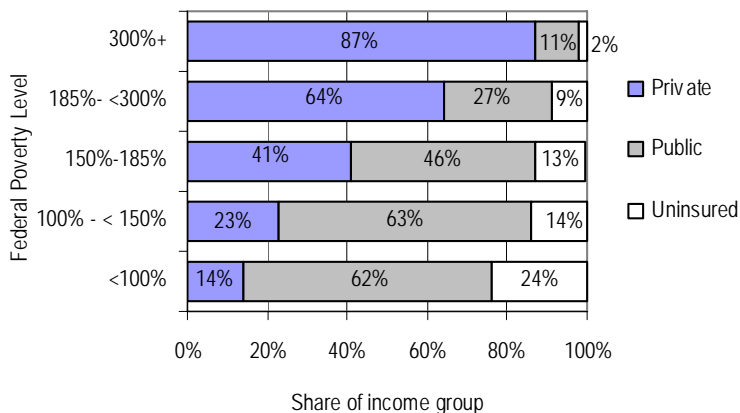
Sixty-nine percent of all Connecticut residents have health, prescription and dental coverage, up slightly from 2004 (66 percent).

The disparity between the share of people with insurance coverage (94 percent) and those with health, prescription and dental coverage (69 percent) is driven by the low share of seniors with dental coverage (36 percent). Most residents under age 65 have all three types of health coverage (73 percent).

Federal Poverty Level (FPL) is a strong predictor of health insurance status

Lower income families are much more likely to be uninsured

Figure 8: Type of insurance coverage by Federal Poverty Level, 2006



Source: CT Office of Health Care Access 2006 Household Survey

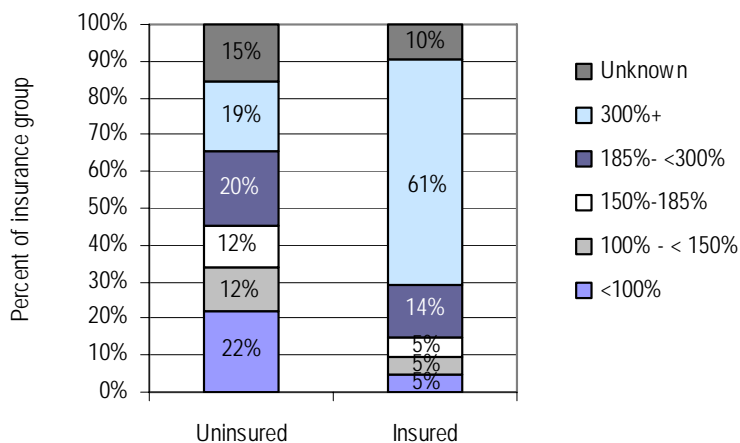
See Table 5 on page 28 for Federal Poverty Levels by family size.

Lower income families are at greater risk of being uninsured. A family of four earning 100 percent of the Federal Poverty Level (FPL) (under \$20,000) is 12 times more likely to be uninsured than one earning 300 percent of FPL (\$60,000+).²

Among the insured, as family incomes rises, the share of families with private insurance increases while those with public coverage declines. Families earning 300 percent or more of FPL are six times as likely as those earning less than 100 percent of FPL to have private health insurance.

The uninsured are largely lower income families

Figure 9: Federal Poverty Level of the insured and uninsured, 2006



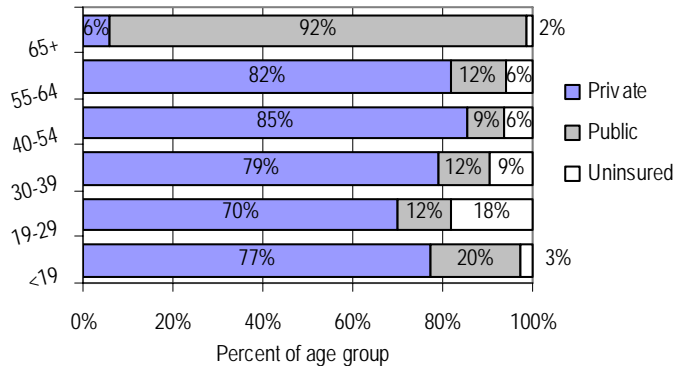
Source: CT Office of Health Care Access 2006 Household Survey

Two-thirds of uninsured families earn less than 300 percent of FPL (e.g., \$60,000 for a family of four), as compared to 61 percent of the insured. Income is typically related to employment status and consequently, access to employer coverage. Income also affects a family's ability to purchase coverage through an employer or on its own.

Young adults are less likely to be covered

Young adults have highest likelihood of uninsurance

Figure 10: Type of coverage for age groups, 2006



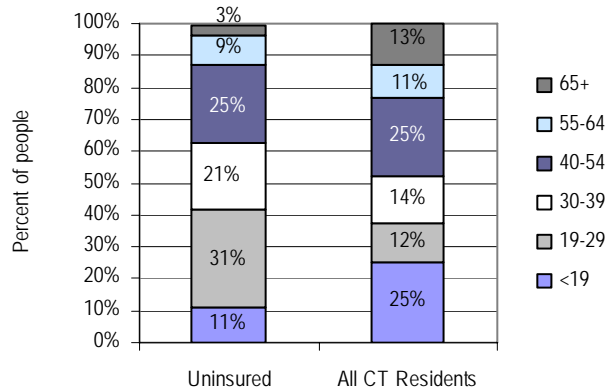
Source: CT Office of Health Care Access 2006 Household Survey

Compared to all other age groups, young adults (ages 19 to 29) are nearly four times as likely to be uninsured, which in addition to personal preference may be related to academic, employment or marital status.

- Just over one-third are either full-time students or unemployed;
- employed young adults are less likely than others to hold a permanent full-time job and have less job tenure, which may affect access to and eligibility for employer coverage; and
- nearly 70 percent are single and spousal coverage is not an option.

The majority of the uninsured are between ages 19 and 39

Figure 11: Age distribution of uninsured and all CT residents, 2006



Sources: CT Office of Health Care Access 2006 Household Survey and U.S. Census Bureau 2006 Annual Social and Economic Supplement

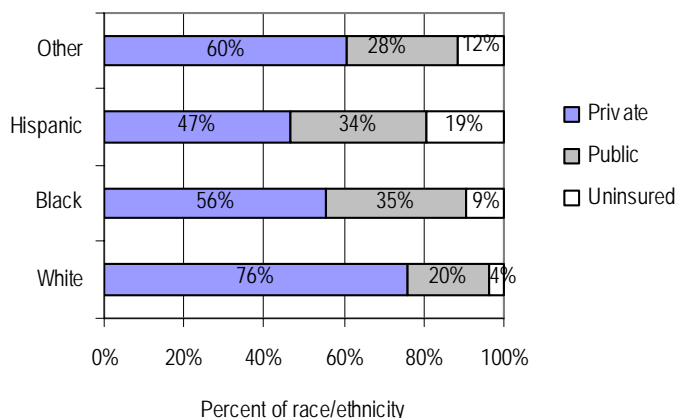
Nearly one-third of the uninsured are young adults ages 19 to 29, a group that is not automatically eligible for HUSKY and also has the lowest access to employment-based coverage among working-age adults.

Children and the elderly comprise smaller shares of the uninsured than of Connecticut's population largely because they are eligible for HUSKY or Medicare and they benefit from the state's strong system of employer sponsored coverage.

Minorities are more likely to be uninsured and fewer have private coverage

Minorities are at greater risk of being uninsured

Figure 12: Coverage for race/ethnic groups, 2006

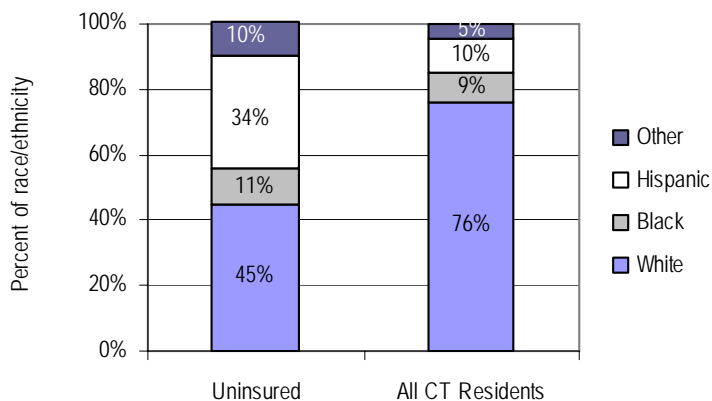


Source: CT Office of Health Care Access 2006 Household Survey

Blacks, Hispanics and other minorities are all at greater risk of being uninsured than non-Hispanic whites. Collectively, minorities are almost four times as likely to be uninsured than non-Hispanic whites (15 percent compared to 4 percent). Hispanics, in particular, have the highest risk of uninsurance and are the least likely to have private coverage. Over the last three years, the number of Hispanic residents has increased by 11 percent, while Connecticut's total population only increased by 2 percent.³

More than half of the uninsured are minorities

Figure 13: Race of uninsured and all CT residents, 2006



Sources: CT Office of Health Care Access 2006 Household Survey and U.S. Census Bureau

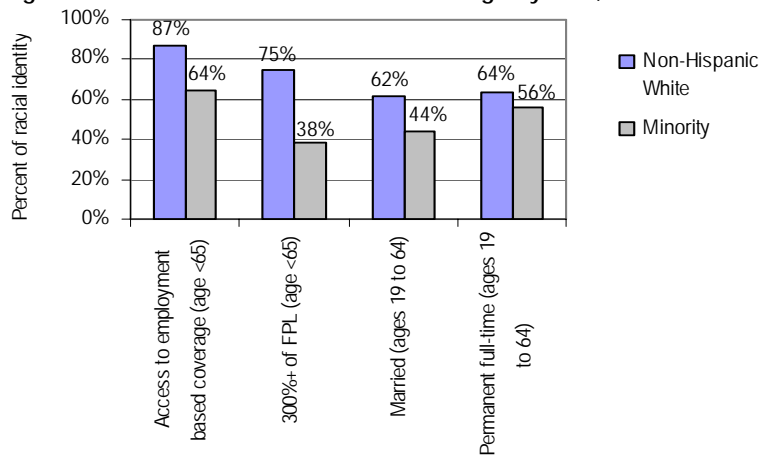
Minorities account for 55 percent of the uninsured, although they are less than one quarter of Connecticut's total population. Their share of the uninsured has remained largely unchanged since 2004 (54 percent).

Currently, 34 percent of the uninsured are Hispanic. This is three and a half times larger than their share of Connecticut's total population.

Why are minorities at higher risk of being uninsured?

Fewer minorities have characteristics that facilitate health insurance coverage

Figure 14: Characteristics related to coverage by race, 2006



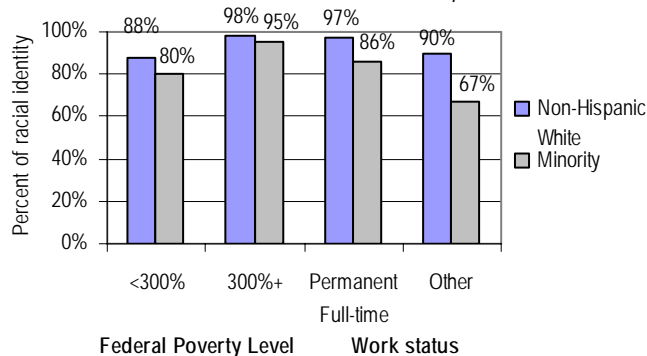
Sources: CT Office of Health Care Access 2006 Household Survey and U.S. Census Bureau 2006 Annual Social and Economic Supplement

Minorities are less likely to:

- have access to employment-based coverage through their own employer or that of a family member;
- earn 300% or more of FPL. (People earning at this level are much less likely to be uninsured -- two percent compared to 15 percent for those earning less);
- be married, limiting potential access to spousal coverage; and
- hold a permanent full-time position, limiting access to employer coverage.

Minorities with the same income or work status as whites are still less likely to be insured (age <65)

Figure 15: Percent of insured minorities and non-Hispanic whites at same income level or work status, 2006



Source: CT Office of Health Care Access 2006 Household Survey

As noted above, minorities are less likely to have higher family incomes, hold permanent full-time positions or be married, factors that may limit their access to coverage.

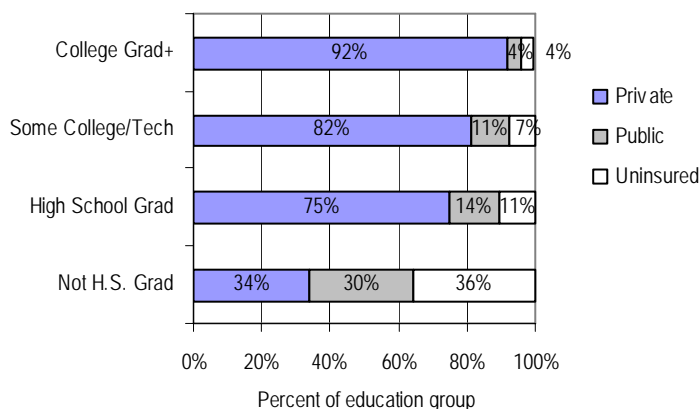
Furthermore, minorities with the same income or work status as non-Hispanic whites are still less likely to be insured.

Married and non-married minorities are also less likely to be insured than non-Hispanic whites with the same marital status.⁴

Higher education related to increased coverage

Increased education decreases the risk of being uninsured, (ages 19-64)

Figure 16: Coverage by educational attainment (ages 19-64), 2006

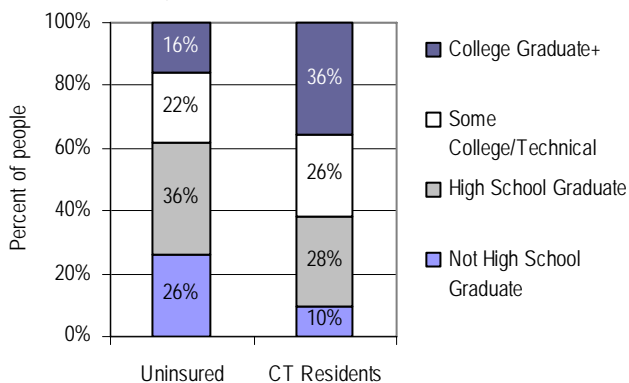


Source: CT Office of Health Care Access 2006 Household Survey

The risk of being uninsured declines precipitously as educational attainment rises, (e.g., 36 percent of those with no high school diploma compared to 4 percent of college graduates). Education influences employment opportunities and family income, factors directly related to access to health insurance. National studies show that employers are much more likely to offer high skilled/wage workers health benefits in order to attract and retain their services.⁵

Most working-age uninsured adults have a high school diploma or less, (ages 19-64)

Figure 17: Educational attainment of uninsured and all CT residents (ages 19-64), 2006



Sources: CT Office of Health Care Access 2006 Household Survey and U.S. Census Bureau 2006 Annual Social and Economic Supplement

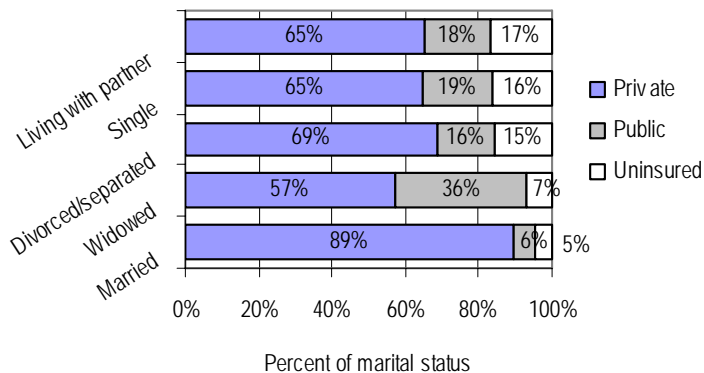
Sixty-two percent of working-age uninsured adults have a high school diploma or less, compared to only 38 percent of all working-age Connecticut residents. The uninsured are over two-and-a-half times more likely than all residents to not have completed high school. This may affect their access to employment positions with health benefits as well as their incomes.

Only 16 percent of the uninsured have a college degree, less than half that of all working-age residents (36 percent).

Married people have greater access to health insurance coverage

Married are least likely to be uninsured

Figure 18: Coverage of marital status groups (ages 19-64), 2006

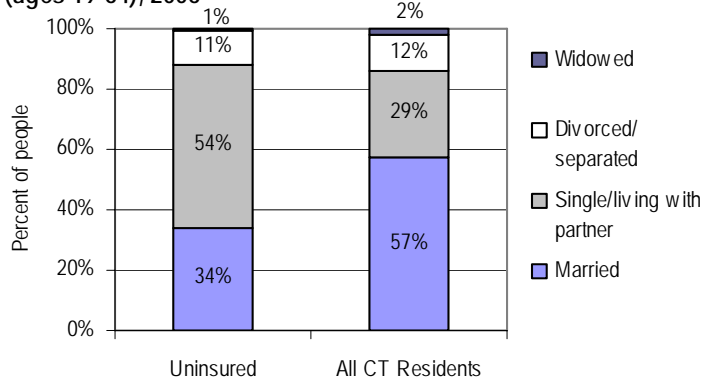


Source: CT Office of Health Care Access 2006 Household Survey

Married people are one-third less likely to be uninsured as all other marital status groups combined (5 percent versus 16 percent). They are also significantly more likely to have private coverage (89 percent compared to 65 percent). Married people may have greater access to coverage through their spouse. In fact, they are twice as likely as all other working-age adults to obtain coverage through another family member's employer (30 percent compared to 15 percent). Even for adults with comparable incomes, married adults are more likely to have private coverage.⁶

The majority of the working-age uninsured are single or living with a partner

Figure 19: Marital status of uninsured and all CT residents (ages 19-64), 2006

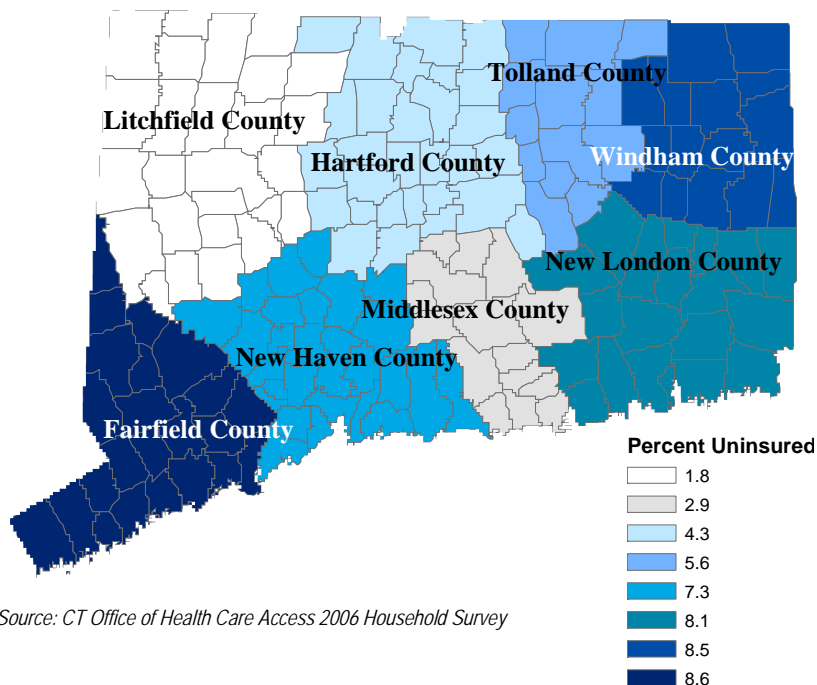


Sources: CT Office of Health Care Access 2006 Household Survey and U.S. Census Bureau 2006 Annual Social and Economic Supplement

Singles are overrepresented among the working-age uninsured. Although they are only 29 percent of all working-age Connecticut residents, they account for the majority of the uninsured. Conversely, while most working-age people are married, just over one-third of the uninsured are married. Unlike the majority of working-age adults, most uninsured do not have potential access to coverage through a spouse.

County uninsured rates

Map 1: County uninsured rates, 2006



Source: CT Office of Health Care Access 2006 Household Survey

Fairfield County has the highest uninsured rate (8.6 percent) while Litchfield County has the lowest (1.8 percent). Since 2004, the only significant uninsured rate change was New London County's increase from 4.1 percent to 8.1 percent.

It is important to note the confidence intervals for the county level estimates (Table 2).⁷ In the survey, Fairfield, New Haven and Hartford Counties were over-sampled. As a result, their confidence intervals are narrower thus providing greater certainty about their estimated rates. Survey samples from the other counties were smaller, and consequently their confidence intervals vary more widely.

Table 2: County uninsured rates and estimated number of uninsured, 2006

| County | Share of People (%) | 90% Confidence Interval ¹ | | Estimated People ² | 90% Confidence Interval ¹ | |
|------------|---------------------|--------------------------------------|-------|-------------------------------|--------------------------------------|--------------------|
| | | Lower | Upper | | Lower ² | Upper ² |
| Fairfield | 8.6% | 7.2% | 10.0% | 77,900 | 65,100 | 90,700 |
| Hartford | 4.3% | 3.2% | 5.3% | 37,600 | 28,400 | 46,700 |
| Litchfield | 1.8% | 0.4% | 3.2% | 3,500 | 800 | 6,200 |
| Middlesex | 2.9% | 0.9% | 5.0% | 4,800 | 1,500 | 8,100 |
| New Haven | 7.3% | 6.0% | 8.7% | 62,100 | 50,700 | 73,400 |
| New London | 8.1% | 5.6% | 10.6% | 21,600 | 14,900 | 28,400 |
| Tolland | 5.6% | 2.7% | 8.3% | 8,200 | 4,000 | 12,400 |
| Windham | 8.5% | 4.8% | 12.2% | 9,900 | 5,500 | 14,200 |

Sources: CT Office of Health Care Access 2006 Household Survey and U.S. Census Bureau July 2005 Population Estimates

¹ The 90 percent confidence interval provides a range of estimates, suggesting that if this survey were repeated 100 times, the share of Fairfield County residents uninsured at the time of the survey would range from 7.2 percent to 10.0 percent in 90 of 100 surveys.

² Rounded to nearest hundred.

A demographic profile of the uninsured

Table 3: Percent of all uninsured grouped by FPL, marital status and age, 2006

| FPL | Marital Status | Age | Share of Uninsured |
|---------------|----------------|---------|--------------------|
| 185% to <300% | Unmarried | 30 - 64 | 9% |
| 100% to <185% | Married | 30 - 64 | 8% |
| <100% | Unmarried | 19 - 29 | 8% |
| 300%+ | Unmarried | 19 - 29 | 7% |
| <100% | Unmarried | 30 - 64 | 6% |
| 100% to <185% | Unmarried | 30 - 64 | 6% |
| 185% to <300% | Married | 30 - 64 | 6% |
| Unknown | Unmarried | 19 - 29 | 5% |
| <100% | Married | 30 - 64 | 5% |
| 185% to <300% | Unmarried | 19 - 29 | 4% |
| 100% to <185% | Unmarried | 19 - 29 | 4% |
| 300% | Married | 30 - 64 | 4% |
| 300%+ | Unmarried | 30 - 64 | 4% |
| Unknown | Married | 30 - 64 | 4% |
| All Others | | | 20% |
| TOTAL | | | 100.0% |

Source: CT Office of Health Care Access 2006 Household Survey

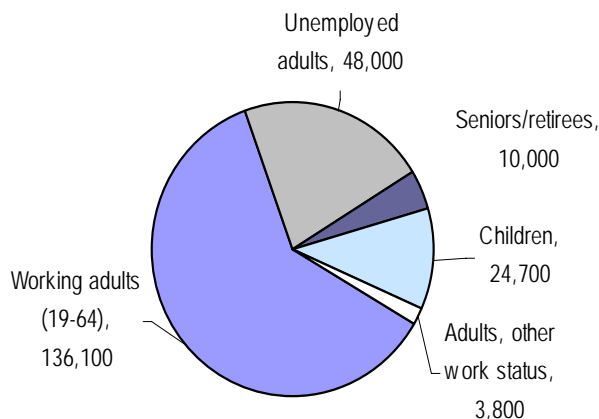
Table 3 presents a demographic breakdown of the uninsured. The information contained in a row identifies a subgroup of the uninsured. For example, the first row shows that 9 percent of the uninsured are unmarried, between the ages of 30 and 64, and earn between 185% to less than 300% of FPL (e.g., \$18,000 -- \$29,000 for a single person).

Although young adults (ages 19-29) are only 12 percent of Connecticut's population, they account for almost one-third of the uninsured (page 8, Figure 11). Consequently, unmarried young adults comprise some of the largest subgroups of the uninsured.

Employment status

Most uninsured are working adults

Figure 20: Employment status of the uninsured, 2006

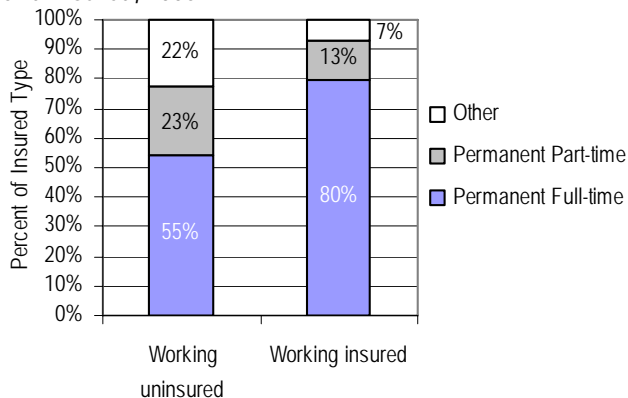


Source: CT Office of Health Care Access 2006 Household Survey

Sixty-one percent of all uninsured Connecticut residents are employed working adults (ages 19 to 64), up slightly from 2004 (58 percent). Working adults are a larger share of the uninsured than Connecticut's total population (48 percent). Unlike children and senior citizens, working-age adults do not automatically qualify for public coverage.

The majority of the working uninsured are in permanent full-time positions (ages 19-64)

Figure 21: Type of employment for uninsured and insured, 2006



Source: CT Office of Health Care Access 2006 Household Survey

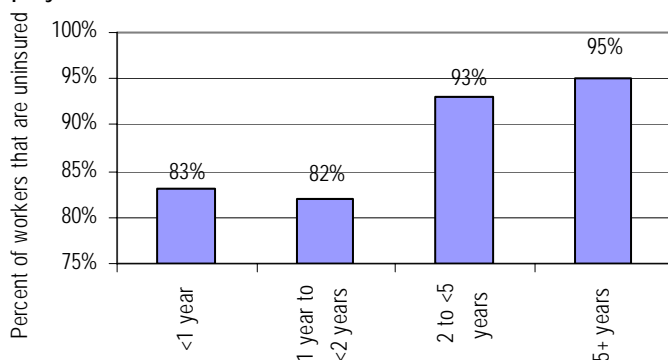
Since 2004, the share of working uninsured who are in permanent full time positions increased from 49 percent to 55 percent. However, the share of uninsured workers in permanent full-time positions is still significantly smaller than that of insured workers (55 percent compared to 80 percent).

Job status is significantly related to access to employer-based coverage. Permanent full-time employees are more likely to be insured (94 percent), than permanent part-time workers (87 percent) and all others (79 percent).

Job tenure (ages 19-64)

Long term employees more likely to be insured (ages 19-64)

Figure 22: Percent of workers insured by tenure with current employer, 2006

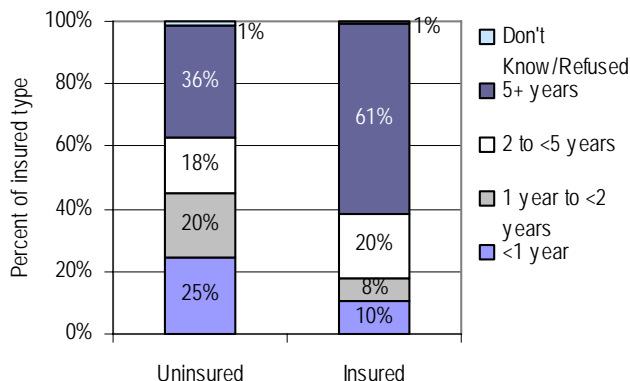


Source: CT Office of Health Care Access 2006 Household Survey

After two years with an employer, the share of insured workers substantially increases. Two years with an employer may provide enough time for employees to both satisfy eligibility requirements, and to be eligible for coverage during an open enrollment period.

Fewer uninsured are long term employees of their current firms (ages 19-64)

Figure 23: Job tenure of uninsured and insured workers, 2006



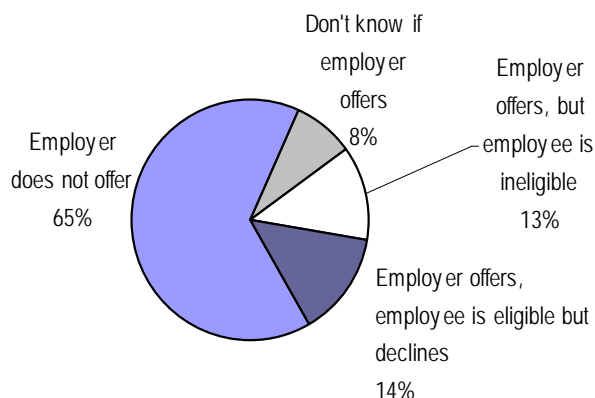
Source: CT Office of Health Care Access 2006 Household Survey

Over 80 percent of insured workers have been with their current employer for two years or more, far more than among the working uninsured (54 percent). Additionally, while only 18 percent of insured workers have been with their current employer less than two years, almost half of the uninsured have less than two years of job tenure (45 percent).

Access to employer coverage for working-age adults (ages 19-64)

Only 14 percent of working uninsured have access to coverage through their employer

Figure 24: Reasons uninsured workers do not have coverage through their employers, 2006

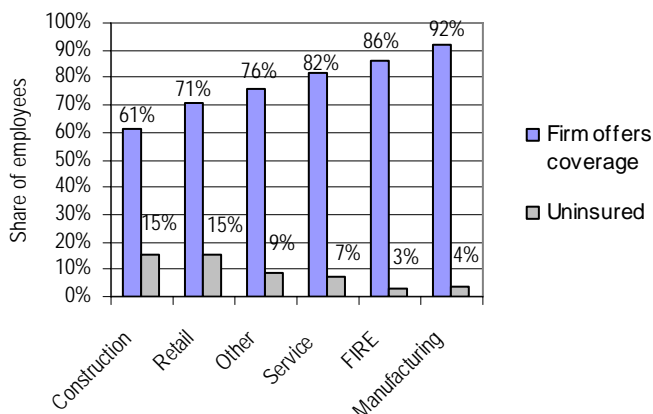


Source: CT Office of Health Care Access 2006 Household Survey

Nearly two-thirds of the working uninsured are employed by firms that do not offer coverage. An additional 13 percent are not currently eligible for the coverage their employers offer. In contrast, nearly all insured workers' employers offer coverage (85 percent).

Employees in construction and retail have the lowest access to employment-based coverage

Figure 25: Percent of employees in firms offering coverage and insured (any source) by economic sector, 2006



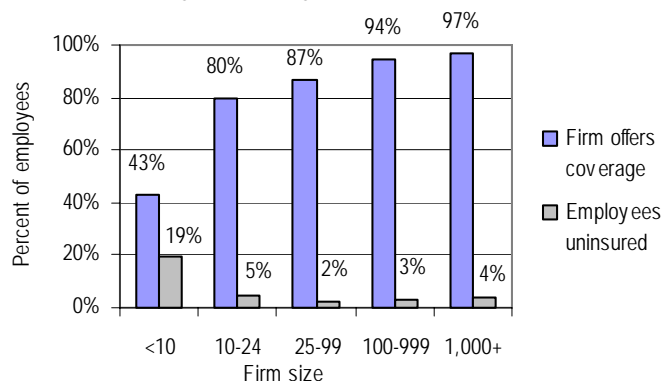
Source: CT Office of Health Care Access 2006 Household Survey

Employees in construction and retail firms are the least likely to have access to coverage through their own employers, and consequently have the highest uninsured rates. Construction is largely seasonal employment which may account for its low rate. Thirty percent of the working uninsured are in retail or construction; only 15 percent of all Connecticut employees work in those sectors. Those in manufacturing and FIRE (Finance, Insurance, and Real Estate) are the most likely to work for an employer that offers coverage and to be insured.

Employer size and access to health coverage (ages 19-64)

Small firm employees have less access to coverage, (ages 19-64)

Figure 26: Shares of employees in firms offering coverage and insured (any source) by firm size, 2006



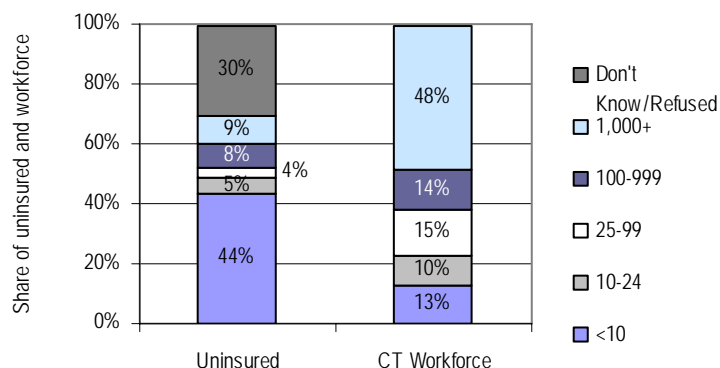
Source: CT Office of Health Care Access 2006 Household Survey

Only 43 percent of employees in the smallest firms report that their employers offer health coverage.

Consequently, one of every five smallest firm (<10 employees) workers are uninsured. In contrast, nearly all employees of Connecticut's largest firms work for a company that offers health benefits and are insured.

Nearly half of uninsured workers are employed by the smallest firms, (ages 19-64)

Figure 27: Distribution of working uninsured and all CT employees by employer size, 2006



Sources: CT Office of Health Care Access 2006 Household Survey and AHRQ 2004 Medical Expenditure Panel Survey (MEPS)

Forty-four percent of the working uninsured are employed by the smallest firms, employers who are the least likely to offer health benefits.

Conversely, almost half of Connecticut's workforce is employed by the largest firms, nearly all of whom offer employee health coverage.

A profile of the working uninsured (ages 19-64)

Table 4: Federal Poverty Level and employment characteristics of the working uninsured, 2006 (ages 19-64)

| Federal Poverty Level | Type of Position | Employer Offers Coverage | Share of Uninsured Workers |
|----------------------------|---------------------|--------------------------|----------------------------|
| 300% + | Permanent Full-time | No | 8.9% |
| 100% - < 185% | Other | No | 8.9% |
| 185% - < 300% | Permanent Full-time | No | 8.6% |
| Don't Know/Refused/Unknown | Permanent Full-time | No | 8.5% |
| 185% - < 300% | Other | No | 8.3% |
| <100% | Permanent Full-time | No | 7.8% |
| <100% | Other | No | 5.5% |
| 185% - < 300% | Permanent Full-time | Offers, are eligible | 5.3% |
| 300% + | Other | No | 3.2% |
| 100% - 185% | Permanent Full-time | No | 2.9% |
| All Others | | | 32.1% |

Source: CT Office of Health Care Access 2006 Household Survey

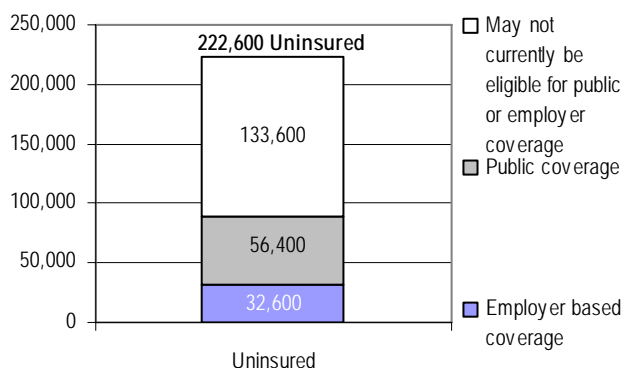
Table 4 presents a breakdown of the working uninsured by FPL and employment characteristics. The information contained in a row identifies a subgroup of uninsured workers. For example, the first row shows that 8.9 percent of the working uninsured earn 300%+ of FPL and are permanent full-time workers in firms that do not offer health coverage to their employees.

With nearly two-thirds of the working uninsured employed by firms that do not offer coverage, it is not surprising that only one of the larger subgroups of the working uninsured shown have access to coverage through their own employer.

Potential access of the uninsured to employer or public health coverage

Many of the uninsured may not currently be eligible for other coverage

Figure 28: Potential eligibility of the uninsured for employer based or public coverage, 2006



Source: CT Office of Health Care Access 2006 Household Survey

As previously mentioned, 61 percent of Connecticut's 223,000 uninsured are working adults and most are either employed by firms that do not offer coverage or they are not eligible for health benefits (page 17). Therefore, few of the uninsured (whether employed or not) are eligible for coverage through their employer or that of a spouse or parent (an estimated 32,600). For those who are eligible, lower family incomes typical of the uninsured may be a barrier to enrollment.

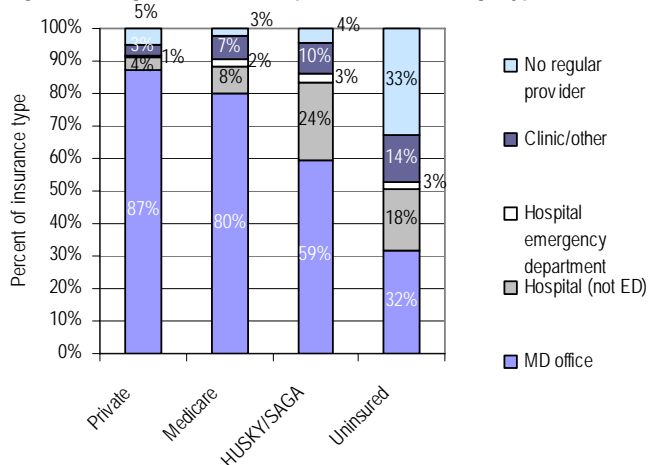
A larger share of the uninsured may potentially meet eligibility requirements for obtaining public coverage such as HUSKY/Medicaid or Medicare because of their family structure, age, or lower incomes (an estimated 56,400).

Finally, an estimated 60 percent of the uninsured may not be currently eligible for public and employer coverage due to their incomes, family structure, and lack of access to private coverage (an estimated 133,600).

Regular source of health care

One-third of uninsured do not have a regular health care provider

Figure 29: Regular health care provider for coverage types, 2006



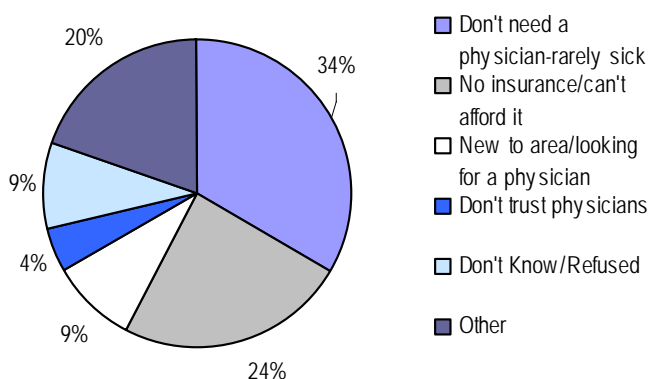
Source: CT Office of Health Care Access 2006 Household Survey

While most Connecticut residents have a regular health provider they go to when they need care (94 percent), one-third of the uninsured do not. Nationally, the lack of a regular provider has been linked to less frequent preventative care and reduced continuity of care.⁸

The type of provider varies by health insurance coverage. Nearly all of those with private coverage or Medicare cited a physician's office. However, approximately half of those with HUSKY or State Assistance and less than one-third of the uninsured receive their primary care in a physician office.

Reasons cited for not having a regular health care provider

Figure 30: Reasons cited for no regular health provider, 2006



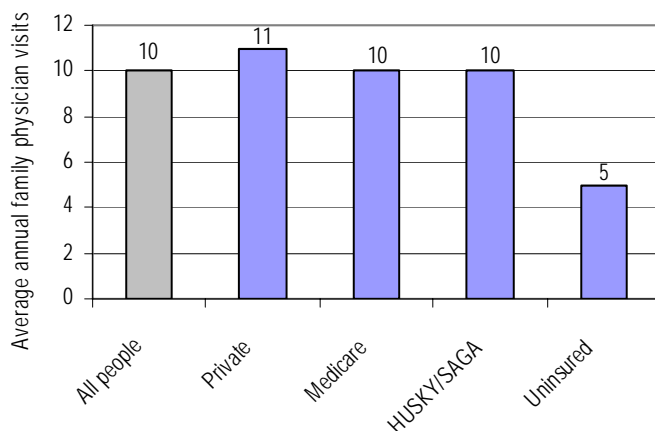
Source: CT Office of Health Care Access 2006 Household Survey

Among the uninsured, the main reason cited for not having a regular health care provider was a lack of coverage and/or inability to afford care. The insured are more likely to report they did not need a physician because they were rarely sick.

Family physician visits and prescriptions

The uninsured and their families make fewer medical care visits

Figure 31: Average annual family medical care visits, 2006



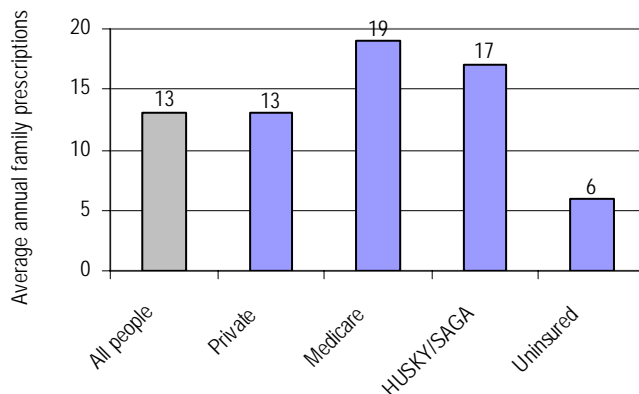
Source: CT Office of Health Care Access 2006 Household Survey

On average, the uninsured and their families make half the number of annual medical care visits than the insured over the last year. Over 20 percent of the uninsured report they and their families did not have a medical care visit during the preceding year, compared to less than 3 percent of insured families.

The uninsured are disproportionately young adults, many with no children, which may contribute to their overall lower number of visits. However, when comparing the uninsured and the insured in the same age group or family structure (single person or multi-person family), the uninsured still make fewer medical care visits.

The uninsured and their families receive fewer prescriptions

Figure 32: Average annual family prescriptions, 2006



Source: CT Office of Health Care Access 2006 Household Survey

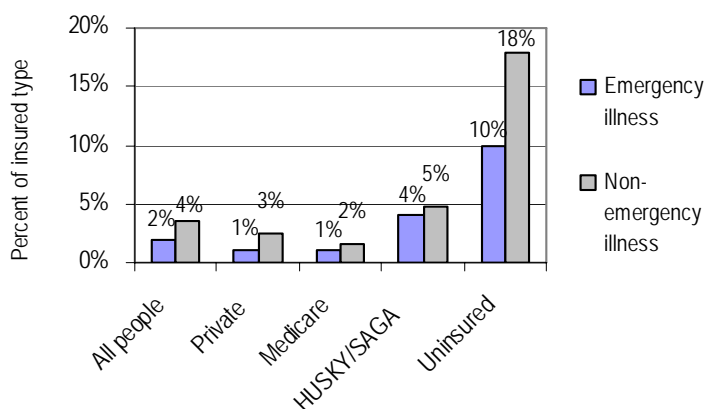
As with annual family medical visits, the uninsured and their families receive half as many prescriptions as all Connecticut residents (13) or the insured (14). Nearly 30 percent of uninsured families did not receive a prescription during the preceding year, compared to only 6 percent of insured families.

Uninsured singles (4) and those in multi-person families (6) also reported fewer annual family prescriptions than insured singles and those in multi-person families (9 and 14, respectively).

Use of health services for emergency and non-emergency illnesses and injuries

Uninsured are more likely to forego necessary medical care

Figure 33: Percent of people who did not get needed medical care, 2006



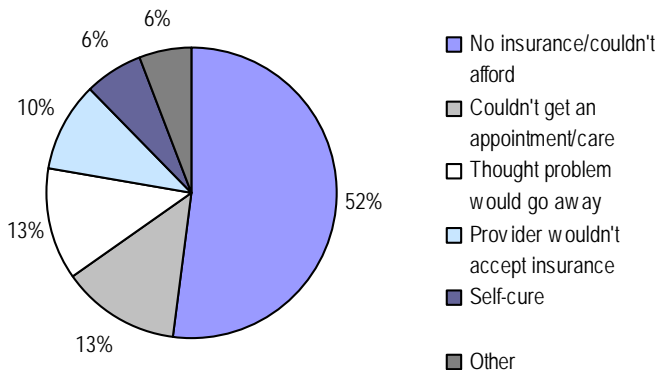
Source: CT Office of Health Care Access 2006 Household Survey

Compared to all people combined, the uninsured are five times more likely to do without necessary emergency medical care, and 4.5 times more likely to let a non-emergency illness or injury go untreated. HUSKY/SAGA recipients are twice as likely to forego care in a medical emergency than all people combined.

Delaying or refraining from physician visits, prescriptions, or care for an illness may lead to increased severity of illness, poorer health outcomes and a reduced lifespan.⁹ A recent study by OHCA found a 10 percent increase in the number of uninsured hospitalizations, most being admitted from the emergency department.¹⁰

Lack of coverage and affordability are cited by the majority of people who did not get needed care

Figure 34: Reasons why people did not get care for a non-emergency illness or injury, 2006



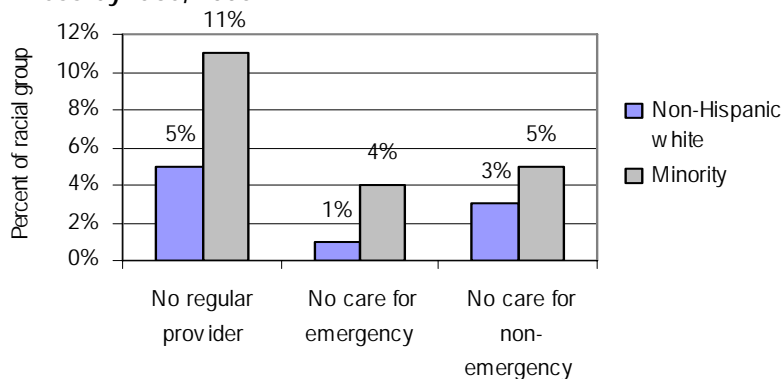
Source: CT Office of Health Care Access 2006 Household Survey

The majority of people who did not seek care for a non-emergency illness or injury cite lack of coverage or affordability as the reason. Nearly all uninsured gave this as the reason they decided to forego care. In comparison, the insured cite affordability, difficulty arranging a physician appointment and their belief that the problem would go away without medical care.

Minority utilization of health care services

Minorities are less likely to have a regular health provider and more likely to go without medical care

Figure 35: Percent without a regular health provider and those who did not get care for an emergency or non-emergency illness by race, 2006



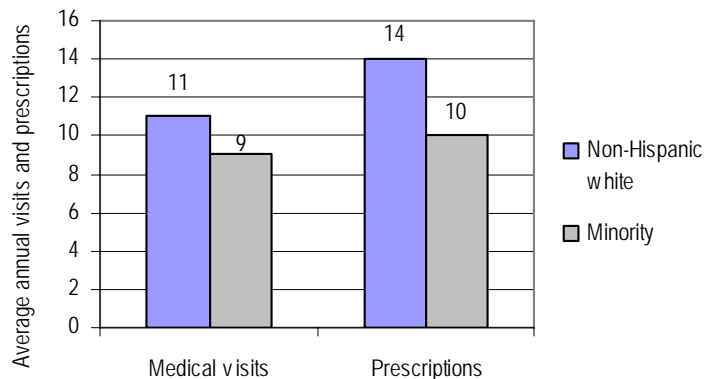
Source: CT Office of Health Care Access 2006 Household Survey

Minorities are twice as likely as non-Hispanic whites to lack a regular health care provider. In addition, far fewer minorities cited a physician's office as their regular provider (60 percent compared to 86 percent).

Although only small shares of Connecticut residents did not get necessary medical care for emergency or non-emergency illnesses or injuries, minorities are still more likely than non-Hispanic whites to forego care in these situations.

Minority families have fewer annual average medical care visits and prescriptions

Figure 36: Average annual family medical care visits and prescriptions by race, 2006



Source: CT Office of Health Care Access 2006 Household Survey

On average, minority families make fewer annual medical care visits and fill fewer prescriptions than non-Hispanic whites.

Minorities' lower use of health care services may in part be related to their lower insured rate (86 percent compared to 96 percent for non-Hispanic whites). However, insured minority families still have fewer average annual medical care visits (10) and prescriptions (10) than insured non-Hispanic whites (11 and 15, respectively).¹¹

Key findings from OHCA's 2006 Household Survey:

- An estimated 6.4 percent, or 222,600 Connecticut residents, are uninsured, up from 5.8 percent and 196,000 in 2004. However, 10 percent or nearly 347,000 people experienced at least one period of uninsurance during the last year.
- Sixty-nine percent have health insurance, prescription drug coverage and dental insurance.
- Two-thirds of state residents have employment-based coverage, up from 64 percent in 2004.
- The share of people with public coverage declined from 26 percent in 2004 to 23 percent in 2006.
- From 2004 to 2006, the share of the elderly with prescription drug coverage increased from 65 percent to 91 percent. This increase is most likely due to the implementation of Medicare Part D.
- An estimated 2.7 percent, or 24,700 children, are uninsured, considerably lower than the 8 percent of working age adults (19-64 years) who are uninsured.
- Sixty-one percent of the uninsured are working adults (ages 19-64), the majority of whom are permanent full-time employees. However, two-thirds work for firms that do not offer health benefits, eight percent do not know if their employer offers coverage, and an additional 13 percent are not eligible for coverage through their employer.
- Minorities account for 55 percent of the uninsured despite being just 24 percent of Connecticut's total population. They are almost four times as likely to be uninsured than non-Hispanic whites (15 percent compared to four percent). Potential factors for minorities' higher risk of uninsurance may include their lower access to employment-based coverage, family incomes, and share that are married and therefore have access to coverage through a spouse or partner.
- Two-thirds of the uninsured earn less than 300 percent of the Federal Poverty Level (e.g., \$60,000 for a family of four), in sharp contrast to all Connecticut residents, as sixty three percent earn more than 300 percent of the Federal Poverty Level.
- The majority of the uninsured are between ages 19 and 39. Young adults ages 19 to 29 are the most likely to be uninsured (18 percent) while senior citizens (2 percent) and children (3 percent) are the least likely.
- Only one-third of the uninsured are married. As a result, fewer may have access to coverage through a spouse or partner's employer. Married people are one-third as likely as all other marital status groups combined to be uninsured (5 percent compared to 16 percent).
- The uninsured are less likely to have a regular health care provider and to have visited a health professional in the last year. They are more likely to choose not to get needed care for a medical emergency or non-emergency illness or injury.
- Minority families make fewer annual medical care visits and receive fewer prescriptions than non-Hispanic whites. They are also twice as likely to lack a regular health care provider, and far fewer have a physician office where they usually receive care (60 percent compared to 86 percent of non-Hispanic whites).

For data requests or technical questions regarding OHCA's Household or Employer Surveys, please contact Michael Sabados at (860) 418-7069 or michael.sabados@po.state.ct.us. For other questions, contact Marybeth Bonadies at (860) 418-7014 or marybeth.bonadies@po.state.ct.us.

Conclusions from OHCA's Surveys, 2001-2006

A number of consistent results have emerged from OHCA's three general household and several more targeted health insurance surveys. Nearly all Connecticut residents have health insurance, largely through an employer. Connecticut's system of employment-based coverage has remained steady, even as it has eroded nationally over the last several years. However, pockets of uninsurance remain. At any one time, approximately six percent of state residents are uninsured, and over the course of a year approximately ten percent will experience at least one period of uninsurance.

Connecticut's uninsured are largely working adults (ages 19-64). Two-thirds of these working people do not have access to coverage at their workplace because their employers do not offer coverage. Nearly half of the working uninsured are employed by firms with fewer than ten employees, and these employers are the least likely to offer coverage.

The uninsured face several barriers to coverage. They are largely working adults, yet they have less access to employment-based coverage, whether through their own employer or that of a family member. They typically tend to have lower family incomes, limiting their ability to purchase coverage. Their lower incomes are also linked with their employment characteristics, and national studies have found that lower wage positions are less likely to include health care benefits. Furthermore, most of the uninsured are not married and therefore may not have access to coverage through a spouse or partner's employer.

Young adults (ages 19-29) and minorities are at greater risk for being uninsured. Both groups share characteristics related to uninsurance, namely reduced access to employer-coverage, lower incomes and less likelihood of being married. Minorities account over half of the uninsured yet are less than one-quarter of Connecticut's total population. Hispanics alone are one-third of the uninsured yet only ten percent of the state's total population. OHCA conducted targeted surveys of Hispanics and young adults to illuminate the factors related to their high rates of uninsurance and those results will be published soon.

Health insurance coverage has significant effects upon the use of health care services. The uninsured are less likely to have a regular health care provider and to have visited a health professional in the last year. They are more likely to choose not to get needed care for a medical emergency or non-emergency illness or injury. National research has demonstrated that delaying or refraining from physician visits, prescriptions or care for an illness may lead to increased severity of illness, poorer health outcomes and a reduced lifespan. In Connecticut, a recent study by OHCA found a ten percent increase in the number of uninsured hospitalizations with most being admitted through the emergency department. Health related absences can affect an uninsured person's continued employment and medical expenses can also threaten family finances. While all families regardless of coverage status face these risks, the uninsured are particularly vulnerable.

Why do OHCA and Current Population Survey (CPS) estimates differ?

Since 2001 when OHCA first received HRSA funds to field health coverage surveys, the agency has informally addressed why its surveys reveal uninsured rates that are lower than those produced by the well known U.S. Census Bureau's Current Population Survey (CPS). At the time of its 2006 Household Survey, OHCA found that 6.4 percent or approximately 223,000 residents were uninsured. In contrast, CPS estimated that for Connecticut in 2005, 11.3% or 393,000 were uninsured. CPS uninsured rates are consistently higher than those from state surveys. The CPS national uninsured rate is also higher than those from other national instruments.¹² The CPS uninsured rate for Connecticut is similar to OHCA's estimate of the those who experienced a period of uninsurance in the last year (10 percent or 347,000). Due to the instability of coverage many families experience, it may not possible to know the exact number of uninsured, and it may be more appropriate to think in terms of an estimated range. OHCA recognizes the value of the CPS as a comparative measure of coverage and for its use in determining SCHIP (Medicaid) funding. CPS, along with other national surveys such as the Survey of Income and Program Participation (SIPP), the Medical Expenditure Panel Survey (MEPS), the National Health Interview Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS) and individual state surveys each provide unique and valuable insights regarding health insurance coverage issues, identify barriers to coverage and produce data for modeling potential coverage options and measuring the impact of policy initiatives.

Table 4: State survey (e.g., OHCA Household) and CPS differences

| Factor | OHCA | CPS |
|--|---|--|
| Survey purpose | Survey of health coverage, use of health care services, and costs | Labor market survey that includes health coverage questions once a year |
| Survey participant | One person randomly selected per household (4,200 households). Individuals principally reporting their coverage or that of a dependent child. | One individual reporting the insurance coverage of everyone in the household over the prior calendar year. Has been shown to produce some reporting error, overestimating the uninsured. Connecticut sample in 2006 included 4,537 respondents in 1,640 households. ¹³ |
| How the survey treats people whose coverage status is unknown | Only includes those who indicate their coverage status | Assigns a coverage status based upon demographics - shown to overestimate the uninsured and undercount those with employer coverage. Includes 10% to 15% of all respondents. ¹⁴ |
| Geographic representativeness - i.e., sample design and data weighting | Sample frame based upon current CT population and data weighted to reflect state demographics | National sample frame and weighting to approximate U.S. population. ¹⁵ |
| Timeframe | Asks about an individual's current coverage status and his/her status over the last 12 months. | Fielded in March, asks about any coverage household members had over last calendar year (typically past 15 months); shown to produce greater error due to faulty recollection. ¹⁶ |
| Coverage status | Current ("point in time") and over the last year | Coverage over the entire preceding calendar year. Studies of CPS question whether respondents consistently report coverage over the prior calendar year or at the time of the survey. Research suggests some respondents do not report shorter periods of coverage (less than eight months). ¹⁷ |
| Means of interviewing | Phone | Phone and in-person interviews for those without land-line phone coverage -- may reach more low income people with greater risk of uninsurance. |

Table 5: Federal Poverty Levels by family size, 2006

| Family Size | <100% | 100% to <150% | 150% to <185% | 185% to <300% | 300%+ |
|-------------|--------|------------------|------------------|-------------------|----------|
| One | 9,800 | 9,800 - <14,700 | 14,700 - <18,130 | 18,130 - <29,400 | 29,400+ |
| Two | 13,200 | 13,200 - <19,800 | 19,800 - <24,420 | 24,420 - <39,600 | 39,600+ |
| Three | 16,600 | 16,600 - <24,900 | 24,900 - <30,710 | 30,710 - <49,800 | 49,800+ |
| Four | 20,000 | 20,000 - <30,000 | 30,000 - <37,000 | 37,000 - <60,000 | 60,000+ |
| Five | 23,400 | 23,400 - <35,100 | 35,100 - <43,290 | 43,290 - <70,200 | 70,200+ |
| Six | 26,800 | 26,800 - <40,200 | 40,200 - <49,580 | 49,580 - <80,400 | 80,400+ |
| Seven | 30,200 | 30,200 - <45,300 | 45,300 - <55,870 | 55,870 - <90,600 | 90,600+ |
| Eight | 33,600 | 33,600 - <50,400 | 50,400 - <62,160 | 62,160 - <100,800 | 100,800+ |
| Nine | 37,000 | 37,000 - <55,500 | 55,500 - <68,450 | 68,450 - <111,000 | 111,000+ |
| Ten | 40,400 | 40,400 - <60,600 | 60,600 - <74,740 | 74,740 - <121,200 | 121,200+ |
| Eleven | 43,800 | 43,800 - <65,700 | 65,700 - <81,030 | 81,030 - <131,400 | 131,400+ |
| Twelve | 47,200 | 47,200 - <70,800 | 70,800 - <87,320 | 87,320 - <141,600 | 141,600+ |

Source: U.S. Department of Health and Human Services, Federal Register, Vol. 71, No. 15, January 24, 2006, pp. 3848-3849.

Summary of OHCA's activities under HRSA State Planning Grants, 2001-2006

OHCA was first awarded a State Planning Grant (SPG) from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) in March 2001 and was awarded additional SPG funds in each of the four following years, including 2004 Pilot Project funding given to only 17 states 2004. The grants were awarded on a competitive basis and OHCA's applications were supported by the Governor and the General Assembly. The goal of the SPG program was to help states design policies that would expand access to affordable health insurance coverage. To achieve this, the SPG program provided assistance to states in the collection and analysis of data on health insurance coverage and particularly the uninsured, to develop health policy options and work with key constituency groups and the public to reach consensus. From 2001 through 2006, OHCA utilized SPG funding to collect state-level household and employer data on insurance coverage and the uninsured, to identify key demographic factors affecting health insurance coverage and to develop several policy options. OHCA also attended quarterly grantee meetings which provided a forum for states to engage in policy discussions, share ideas, research results, and lessons learned. At these meetings, OHCA staff conducted presentations of research findings and participated in conference panels.

As a result of the SPG program, over 75 policy options were implemented by states including Medicaid/SCHIP expansions, premium assistance programs, increased outreach, etc. A total of \$525 million was distributed among 47 states and four territories over the five year period. Congress did not reauthorize funding for the SPG program in 2006.

OHCA health insurance surveys, 2001 -- 2006

| General | Employers | Targeted Groups |
|----------------|---------------------------|--|
| 2001 Household | 2001 Employer | 2005 HUSKY (Medicaid) |
| 2004 Household | 2004 Small Employer | 2005 Working HUSKY (Medicaid) Families |
| 2006 Household | 2005 HUSKY Employers | 2005 Low Income Working Families |
| | 2005 Low Income Employers | 2006 Hispanics |
| | 2006 Employer | 2006 Young Adults |

Some organizations that have utilized OHCA survey results

- Asian American Society
- City of Greenwich
- City of New Haven
- CT General Assembly Members
- CT Health Foundation
- CT Health Policy Project
- Department of Children and Families
- Department of Mental Health and Addiction Services
- Department of Public Health
- Department of Social Services
- East Hartford Community Health Care
- Economic and Social Research Institute
- Fairfield County Medical Association
- The Governor's Office
- Health Net
- Hispanic Health Council
- The Lewin Group
- Medicaid Managed Care Council
- Multiple Sclerosis Society
- Office of the State Comptroller
- Office of Fiscal Analysis
- Office of Legislative Research
- Office of Policy Management
- Permanent Commission on the Status of Women
- Stamford Systems of Care Collaborative
- United Way of Middlesex
- Universal Health Foundation
- The Urban Institute
- Waterbury Health Access Program
- Yale New Haven Hospital

ENDNOTES

¹According to Connecticut Department of Labor statistics.

²Federal Poverty Level calculated by U.S. Department of Health and Human Services based upon family income and size. This report uses 2006 FPL Guidelines.

³U.S. Census Bureau, 2004-2006 American Community Surveys.

⁴All of these differences are statistically significant ($p=.001$).

⁵Glied, et. al., "The Growing Share of Uninsured Workers Employed by Large Firms," (The Commonwealth Fund: 2003).

⁶Married people are also less likely to be uninsured than all others combined at all FPLs except 100% to 150% of FPL (35% compared to 23%) and 150% to 185% of FPL (both groups at 19%).

⁷The survey is designed to be representative of Connecticut as a whole, not the individual counties.

⁸Institute of Medicine (2003). Hidden Costs, Value Lost: Uninsurance in America, Washington: National Academies Press. Annual national lost productivity has been estimated at \$65 billion.

⁹Ibid.

¹⁰OHCA, "Uninsured Hospitalization, FYs 2001-2005."

¹¹Uninsured minorities also had fewer medical visits (5) and prescriptions (5) than uninsured non-Hispanic whites (7 and 6, respectively).

¹²U.S. Department of Health and Human Services, "Understanding Estimates of the Uninsured: Putting the Differences in Context," 2005. Bhandari, "People With Health Insurance: A Comparison of Estimates From Two Surveys," U.S. Census Bureau, 2004. SHADAC, "Comparing Federal Government Surveys That Count Uninsured People In America," 2006. Dubay, et. al., "The Uninsured And The Affordability Of Health Insurance Coverage," Health Affairs 26, 1 (2007).

¹³Call, "Measuring Health Insurance Coverage in Surveys," SHADAC 2003, Bhandari op. cit. and personal correspondence with U.S. Census Bureau. A few individual respondents may have been in group quarters.

¹⁴SHADAC, op. cit.

¹⁵U.S. Census Bureau, Methodology Report - "Current Population Survey, 2006 Annual Social and Economic Supplement." and Bhandari op. cit.

¹⁶Call op. cit., SHADAC 2006, op. cit and U.S. Department of Health and Human Services, op. cit.

¹⁷Dubay op. cit., U.S. Department of Health and Human Services 2005 op. cit. and Bhandari op. cit.

Methodology

OHCA's 2006 Household Survey consisted of 4,202 completed phone interviews of individuals regarding their health insurance coverage, medical costs, utilization of health care services and demographics. The University of Connecticut Center for Survey Research and Analysis used a random digit dial system to generate a random sample of households in Connecticut. Once contacted, one individual within the household was randomly selected to be the survey subject. The response rate was 24.4 percent (AAPOR RR3).

The survey's margin of error is 0.7 percent. Therefore, the 95 percent confidence interval for the uninsured estimate (6.4 percent) ranges from 5.7 to 7.2 percent. The narrow range results from the small variation in insurance coverage status, i.e., 93.6 percent of residents are insured.

The survey was multi-staged, comprised of a general statewide survey of households in which all Connecticut residents were eligible, followed by a more focused sample of Bridgeport, Hartford, New Haven, and Stamford area residents. A post-stratification weight was created to ensure the dataset used for analysis matches the demographic characteristics of Connecticut's civilian non-institutionalized population. Population estimates were created by a trimmed expansion weight that incorporates the post-stratification weight and generates results based upon the U.S. Census Bureau March 2005 Current Population Survey estimate of Connecticut's civilian non-institutionalized population (3,466,014).

The survey instrument was originally designed by the University of Minnesota State Health Access Data Center (SHADAC). SHADAC is funded by the Robert Wood Johnson Foundation to help states collect health insurance information and analyze coverage policy options. Many states have used this survey instrument and their results can be compared. OHCA has modified the instrument in order to elicit information most relevant to Connecticut health care access issues. One of the greatest advantages of state surveys over national studies is this ability of states to tailor the survey to obtain the most relevant and timely information.

The survey was also translated into Spanish ("back translation method") providing Spanish speaking respondents with the option of answering survey questions in their primary language. There were 102 surveys completed in Spanish (2.4 percent of the total).

LINKS TO OTHER OHCA COVERAGE/ACCESS PUBLICATIONS

Health Insurance Coverage in Connecticut: Executive Summary of the 2006 Household Survey
http://www.ct.gov/ohca/lib/ohca/common_elements/household06_summary_single_pages_for_pdf.pdf

Uninsured Hospitalizations, FYs 2001-2005
http://www.ct.gov/ohca/lib/ohca/publications/inpatient_uninsured06.pdf

2004 Snapshot: Connecticut's Health Insurance Coverage
<http://www.ct.gov/ohca/lib/ohca/publications/snapshotfinal.pdf>

2004 Small Employer Health Insurance Survey Findings Fact Sheet:
http://www.ct.gov/ohca/lib/ohca/publications/2004_employer_survey_brief11-1_with_banner.pdf

Preventable Hospitalizations in Connecticut: Assessing Access to Community Health Services
http://www.ct.gov/ohca/lib/ohca/publications/acsc_databook00-04.pdf

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